

Contact Information of Owner or Principal responsible for news racks

| Name | |
|------------------------|---|
| Street Address | |
| City ST ZIP Code | |
| Home Phone | |
| Work Phone | |
| E-Mail Address | |
| Contact Person for que | stions concerning placement (if different from above) |
| Name | |
| Street Address | |
| City ST ZIP Code | |
| Home Phone | |
| Work Phone | |
| | |

Publication Information

| Total Number of News Rack I | ocations to be registered | with this app | lication |
|-----------------------------|---------------------------------|-----------------|----------|
| Total Number of replacement | decals to be registered | with this appli | cation |
| | Total number of approved decals | | |
| | | Fee Paid | \$ |
| Number of Pub Per Box | Name of Publication 1 | | |
| | Name of Publication 2 _ | | |
| | Name of Publication 3 | | |

The following must accompany this application:

- 1. A list showing the location, type or brand of news rack. Please use the uniform "Location List." More than one page of the Location List may accompany this form.
- 2. A photograph of each news rack at its present site, if replacing a decal. A photograph of the requested site if applying for a new location. More than one photo may be on a page, but the photos must be numbered and addressed to correspond with listings on the Location List(s).

Return completed application to: Code Compliance City of Key West P.O. Box 1409 Key West, FL 33041

Phone: 305.809.3740 Fax: 305.809.3739

CITY OF KEY WEST INDEMNIFICATION FORM

The Applicant shall indemnify and hold harmless the City of Key West and its agents and employees from an loss, liability, or damage, including expenses and costs, for bodily or personal injury, and for property damage, sustained by any person as a result of the installation, use, maintenance and/ or removal of a news box within the City.

| APPLICANT: | | SEA |
|------------|-----------|-----|
| | Signature | |
| | Title | |
| | Address | · |
| ATE: | | ··· |

LOCATION LIST

PUBLICATION_____ PAGE ___ OF___

| LEAVE BLANK | РНОТО # | Address# | STREET | TYPE OF RACK |
|----------------|-------------|----------|--------|--------------|
| | ALA MATERIA | | | |
| | | | | |
| | | | · . | |
| | <u> </u> | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| : | | | | |
| | | | · | |
| | | | | |
| | | | | |
| | | | | |
| West Add. | | | | |
| | | | | |
| | | | | |